

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>LS</i>		<i>2/4</i>
O.I.P.E. CLASSIFIER	<i>MYN</i>		
FORMALITY REVIEW	<i>WHE</i>	<i>1074</i>	<i>3-23-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	3/22/01
2	✓	✓	3/22/01
3	✓	✓	3/22/01
4	✓	✓	3/22/01
5	✓	✓	3/22/01
6	✓	✓	3/22/01
7	✓	✓	3/22/01
8	✓	✓	3/22/01
9	✓	✓	3/22/01
10	✓	✓	3/22/01
11	✓	✓	3/22/01
12	✓	✓	3/22/01
13	✓	✓	3/22/01
14	✓	✓	3/22/01
15	✓	✓	3/22/01
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25	✓	✓	3/22/01
26	✓	✓	3/22/01
27	✓	✓	3/22/01
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If more than 150 claims or 10 actions  
staple additional sheet here

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